## N0400009103

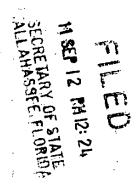
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ration: Koyal fal	m Pace at the Dation, INC	. Hammooks
DOCUMENT NUM	ber: <u>NO4-000</u>	009103	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Amalay (Name of	Diaz Contact Person)	
<u>Cc</u>	WETCH Prop	erry Marag	phont 110
<del></del>	13250 SW 1	135 Avenue Address)	2
<del></del>	Miami F (City/Sta	4 33186 te and Zip Code)	
	E-mail address: (to be use	SUDDECTUM d fortuture alunual report notifi	amt. Com
For further information	on concerning this matter, pleas	e call:	
O mo (Name	lay Diaz of Contact Person)	at <u>205</u> <u>25</u> (Area Code & Day	4-3888 time Telephone Number)
Enclosed is a check for	or the following amount made p	ayable to the Florida Departme	ent of State:
□\$35 Filing Fee	☐ \$43,75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 assec, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

## Articles of Amendment to Articles of Incorporation of

## ROYAL PALM PLACE AT THE HAMMOCKS CONDOMINIUM ASSOCIATION.

(Name of Corporation as curren		
NO40C	00000103	3
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, I the following amendment(s) to its Articles of Inc.	Florida Statutes, this <i>Florida Na</i> corporation:	ot For Profit Corporation adopts
A. If amending name, enter the new name of	the corporation:	
The new name must be distinguishable and cor abbreviation "Corp." or "Inc." <u>"Company" or</u>		
B. <u>Enter new principal office address, if appli</u> (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>—————————————————————————————————————</u>	
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Flor tered office address:	rida, enter the name of the
Name of New Registered Agent:		<del></del>
New Registered Office Address:	(Florida street addres	<i>zs)</i>
-	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing the hereby accept the appointment as registered position.	g Registered Agent:	, .
Ct	onature of New Registered Age	at if the marine

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<b>P</b>	Constantino Pensado	10520 SW 1520 Unit +300 momi fy 3319	Remove
<del></del>	<del></del>		☐ Add ☐ Remove
			☐ Add ☐ Remove
E. <u>If ame</u> (attach	nding or adding additional Articles, enter c additional sheets, if necessary). (Be specific	<u>change(s) here</u> : c)	
			· · · · · · · · · · · · · · · · · · ·
			-

The date of each amendment(s) adoption:
Effective date if applicable: Of adoption is required)
(nd more th <b>l</b> in 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 0/33/11
Signature Mullille Constitution of the state
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Treasurer
(Title of person signing)